

Help with Your Medication

Today, many people — particularly older people — may be under the care of more than one physician. If you see more than one doctor, **it is a good idea to seek professional help to monitor the prescription and non-prescription medications you take.** Here are a few suggestions to help you manage your health, with help from your physicians and pharmacists.

If you see more than one physician, tell EACH one about ALL the medications you take. (Bring your medications with you to show your physicians.)

Use the same pharmacy for all your medication purchases so your records are in one place.

Talk to your pharmacist. You are entitled to personal counseling from your pharmacist about the prescription and over-the-counter medications you take. The Illinois Pharmacy Foundation suggests you ask your pharmacist if you have questions about your medications such as:

- ☐ What is the (brand and generic) name of the drug?
- ☐ Why is the medication prescribed?
- ☐ How and when should I take it?
- ☐ How long should I take it?
- ☐ What improvement should I expect after taking this drug?
- ☐ Are there any side effects?
- ☐ Are there any foods, activities, or other drugs I should avoid while taking this medicine?



Talk to your physician and pharmacist about what to expect from a medication. Older adults cannot absorb some medications as well as when they were younger. Medication can accumulate in the kidneys, liver, other organs or body fat if it is too concentrated for your size, age and condition.

Over-the-counter medications:

- ☐ Is this the right medication for my illness?
- ☐ Will this interact with the other medications I am taking?

To prevent a drug interaction, have one physician, preferably your family physician, review **ALL** your prescription medications, over-the-counter drugs (vitamins, aspirin, cough syrup, antacids, allergy and sinus medications, laxatives,

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creams, ointments, eye drops, nose sprays, just to name a few) and diet supplements. Your physician will ask if you are **allergic to any medications**.

Your physician will tell you how and when to take your medication:

- ☐ Take your medication at the exact time written on the prescription label and follow the instructions, such as, “Take with food,” “Shake well,” “Keep refrigerated.”
- ☐ Read the “special instructions stickers” on your prescription bottle.
- ☐ Do not take another person’s medication or give yours to someone else.
- ☐ Drink lots of liquids or extra water if advised.

Medications are not fully effective unless you comply with the specific instructions.

There may be side effects.

- ☐ Some medications may make you sleepy or drowsy; therefore, you should not drive a car or operate machinery. A special label may be on the medication as a warning.
- ☐ Your appetite may increase or decrease.
- ☐ The color of your urine may change while you take certain medications.
- ☐ It may be especially important not to drink alcohol.
- ☐ Your skin may be very sensitive to sun exposure, and you may need to stay out of direct sun or wear sunblock.
- ☐ Talk to the physician or pharmacist if your stomach becomes upset. There may be a way to prevent this.

Finish taking all your medication(s), even if you feel better. Antibiotics are taken for infections. Infections can return if all the antibiotics are not taken. Some medications must be taken daily, not just when symptoms occur. Medication for depression or anxiety must be taken daily, even when you feel better.

Store your medication properly:

- ☐ Refrigerate if necessary
- ☐ Keep from extreme heat or cold or sunlight
- ☐ Throw away old medications

Call your physician at once if you:

- ☐ have side-effects you did not expect;
- ☐ feel worse after taking the medication;
- ☐ feel confused or forgetful;
- ☐ have hearing changes, ringing or buzzing;
- ☐ feel dizzy or faint;
- ☐ cannot see clearly (blurred vision);
- ☐ feel too happy or too sad (mood swings) or are afraid (anxiety);
- ☐ develop skin rash, itching, bumps;
- ☐ have nausea, diarrhea, constipation or problems urinating;
- ☐ have trouble sleeping.

**For information about
prescription drug programs,
call the Senior HelpLine:
1-800-252-8966** (Voice and TTY)

Illinois Department on Aging

421 East Capitol Avenue, #100
Springfield, IL 62701-1789
www.state.il.us/aging

Personal Medications Record

This Personal Medications Record is designed to maintain a list of all medications (prescriptions, over-the-counter medicines and other substances, including alcohol) that you use or have available for personal health care. The Master Medication List on the back of this page is intended to share information about your medications with health professionals.

Instructions:

1. Complete the personal information.
2. List any allergies below the Master Medication List.
3. Compile the Master Medication List yourself or enlist the assistance of your pharmacist, physician, nurse or other health care professional.

Examples of what to include: eye drops, pills, cough and cold medicine, pain relievers, vitamins, blood pressure medications, insulin injections and any other substances you take regularly.

4. Review the list with your pharmacist, physician, nurse or other health care professional each time you have an appointment or fill a prescription.
5. Ask the pharmacist, physician, nurse or other health care professional to sign below the Master Medication List as a record that a review has taken place.

Personal Information:

Your Name

(_____) _____

Telephone Number

Address

City, State, and Zip Code

In Case of an Emergency, notify

Primary Physician

Telephone Number

Physician

Telephone Number

Physician

Telephone Number

Pharmacist

Telephone Number

Pharmacist

Telephone Number

Dentist

Telephone Number

Social Security Number

Medicare Number

Insurance Carrier

Policy Number

Birth Date (Month, Day, Year)

Master Medication List

Name of medication and dosage	Purpose	Date began taking	Color and shape	How much?	How often?	Date stopped	Prescribed by
Allergies							
Medication Review (M.D., Pharmacist, R.N. and others)							
	Date/Comments	Date/Comments	Date/Comments	Date/Comments	Date/Comments	Date/Comments	Date/Comments